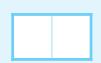


FOR NPC
USE ONLY



This is your Individual Census Questionnaire for the 2020 Census of the U.S. Virgin Islands. It is important that everyone be counted, regardless of where they may be living at the time of the census. This Individual Census Questionnaire is to be used to count people who were living, staying or receiving services in group quarters on April 1, 2020. Some examples of group quarters include college or university residence halls, nursing homes, group homes, residential treatment centers, workers' group living quarters and correctional facilities. **Please answer ALL of the questions on this questionnaire. Then follow the instructions you were given when you received this questionnaire in order to return it to the appropriate person.** You are required by law to respond to the census (Title 13, U.S. Code, Sections 141, 193, 221 and 223).

Please turn to page 2 to begin.

Census Office

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County

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BCU

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Map Spot

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Within Map Spot ID

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UHE BCU

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UHE Map Spot

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UHE Within Map Spot ID

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The Census Bureau estimates that completing the questionnaire will take 25 minutes on average. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project xxxx-xxxx, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. You may email comments to <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project xxxx-xxxx" as the subject.

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This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit approval number that appears at the upper right of the questionnaire confirms this approval. If this number were not displayed, we could not conduct the census.

FOR OFFICIAL USE ONLY

Group Quarters ID

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A. PN

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B. Answered By:

Respondent
 Observation (TNSOLs only)

Group Quarters Administrator
 Other

C. QC:

Rework

D. JIC1

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JIC2

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Start here

Use a blue or black pen.

1. What is your name? Print name below.

Last Name(s)

First Name

MI

2. Do you live or stay here most of the time?

Yes No

3. Besides here, what is the full address of a place where you sometimes live or stay?

I never stay at any other place. I only live here.

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: Apt A or Lot 3)

Physical Description (if applicable)

Village/Municipality/Estate

ZIP Code

4. Are you male or female? Mark ONE box.

Male Female

5. What is your age on April 1, 2020, and what is your date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age on April 1, 2020

 years

Month

Day

Year of birth

→ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this census, Hispanic origin is not a race.

6. Are you of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↗

7. What is your race?

Mark one or more boxes AND print origins.

White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↗

Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↗

American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↗

<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↗		<input type="checkbox"/> Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↗

Some other race – Print race or origin. ↗

B Answer questions 23a – c if you are 5 years old or over.
Otherwise, the questionnaire is complete.

23. a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes
 No

b. Do you have serious difficulty walking or climbing stairs?

Yes
 No

c. Do you have difficulty dressing or bathing?

Yes
 No

C Answer question 24 if you are 15 years old or over. Otherwise, the questionnaire is complete.

24. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes
 No

25. What is your marital status?

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to D

26. In the PAST 12 MONTHS did you get –

Yes No

a. Married?
b. Widowed?
c. Divorced?

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27. How many times have you been married?

Once
 Two times
 Three or more times

28. In what year did you last get married?

Year

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D Answer question 29 if you are female and 15 years old or over.
Otherwise, SKIP to question 30a.

29. How many babies have you ever had, not counting stillbirths?
Do not count stepchildren or children you have adopted.

None or Number of children

30. a. Do you have any of your own grandchildren under the age of 18 living in this place?

Yes
 No → SKIP to question 31

b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this place?

Yes
 No → SKIP to question 31

c. How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

F

Answer questions 40 – 43a if you did NOT work last week.
Otherwise, SKIP to question 43b.

40. a. LAST WEEK, were you on layoff from a job?

- Yes → SKIP to question 40c
- No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 43a
- No → SKIP to question 41

c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 42
- No

41. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

- Yes
- No → SKIP to question 43a

42. LAST WEEK, could you have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

43. a. When did you last work, even for a few days?

- 2020
- 2019 → SKIP to question 44a
- 2015 to 2018 → SKIP to G
- 2014 or earlier, or never worked → SKIP to question 47

b. LAST YEAR, 2019, did you work at a job or business at any time?

- Yes
- No → SKIP to G

44. a. During 2019 (all 52 weeks), did you work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 45
- No

b. During 2019 (all 52 weeks), how many WEEKS did you work? Include paid time off and include weeks when you only worked for a few hours.

Weeks

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45. During 2019, in the WEEKS WORKED, how many hours did you usually work each WEEK?

Usual hours worked each WEEK

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G

Answer questions 46a – f if you worked in the past 5 years (since 2015). Otherwise, SKIP to question 47.

46. DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment you had last week.

If you had more than one job, describe the one at which the most hours were worked. If you did not work last week, describe the most recent employment in the past five years (since 2015).

a. Which one of the following best describes your employment last week or the most recent employment in the past 5 years (since 2015)? Mark X ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit company or organization
- Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local or territorial government (for example: public elementary school)
- Active duty U.S. Armed Forces or Commissioned Corps
- Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business, professional practice, or farm
- Owner of incorporated business, professional practice, or farm
- Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of your employer, business, agency, or branch of the Armed Forces?

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c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

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d. Was this mainly – Mark X ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

